From: Pam Bailey <pamela.bailey@omniplushealthcare.com>

**Sent:** Monday, April 20, 2015 1:51 PM **To:** Scott Breimeister; Leonard Carr

Cc: 'Brian'; Brad Madrid Subject: Dr Ince Scripts

**Attachments:** bEAUREGARD.pdf; Carter.pdf; Hardwick.pdf; Klein.pdf; Pace.pdf; Sneed.pdf

Here are Dr Ince's scripts on a PDF form ready to be sent to his office.

## Pam



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Patient Case	<del>2 4:18-cr-00368   1</del>	<del>Jocum</del>	ent 533-16	<del>6 Filed</del> c	n 0 <del>7/22/2</del>	<del>3 IN TXSD Pal</del> Insuran	l <del>ge 2 of 7</del> ce info			
Brian Beaur	regard	Carrier:								
Home Phon		Phone				DCN#				
Address		Bin# PCN#								
City Weatherf	ord	Group #								
Allergies		Member I	D #							
Antihis	stamines, Asp	Morkors (		Vos	No					
Diag.			Workers	Workers Comp Yes						
							Claim #			
PAIN-TRANSDERMAL Any added controlled substances must be handwritten.							STRET	CH MARK		
□ NCP-7B:	□ NCP-9:	☐ GPI-2		☐ Scar			☐ Stretch			
Neuropathic & Chronic Pain	Neuropathic & Chronic Pain		eral Pain / mmation		one1% rizine2%	☐ For elasticity, add:	Elastic	•		
Flurbiprofen20%	Baclofen 2%		fen 20%		ylline 0.5%	Hyaluronic Acid 0.2% Vitamin D3 0.05%		1% ne2%		
Baclofen 2%	Cyclobenzaprine 2%		zaprine 2%	☐ For pa	inful scars, add:	Vitamin C 5%	,	ne 0.5%		
Cyclobenzaprine 2% Gabapentin 6%	Gabapentin 6% Lidocaine 2%	Baclofen	2%		e 3%	Estradiol 0.1%		ase0.2%		
Lidocaine2.5%	Diclofenac 3%			Gabape	ntin15%			5%		
Add:	Add:		oly 1-2 pumps to cted area 3-4	SIG: An	nly 1-2 numps to affe	ected area 3-4 times daily;		0.1%		
SIG: Apply 1-2 pumps to affected area 3-4 times	SIG: Apply 1-2 pumps to affected area 3-4 times		es daily; 1 pump =		ump = 1.5 gm	tetted died 5 T times daily,		1-2 pumps to ed area 3-4 times		
daily; 1 pump = 1.5 gm	daily; 1 pump = 1.5 gm	1.5		Qty:	300 gm □			pump = 1.5 gm		
<b>Qty:</b> □ 300 gm □	<b>Qty:</b> □ 300 gm □	Qty: □3	300 gm □	Refills: _			<b>Qty:</b> □ 300 gm □			
Refills:	Refills:	Refills:					Refills:			
DERMATOLOGIC	CAL/ACNE					SPECIALTY				
☐ DERM-2:	☐ DERM-5: Contact	□тха	CNE #3B	☐ DERM-7		☐ MGL-1A:	□ SCA	ALP CARE -		
Topical Anti	Dermatitis /	(Topi	ical)	Plantar	Fasciitis	Migraine	3 H	air Solution		
Fungal Cream	Eczema		ycin 2%	Diclofenac	5%	Topiramate		sone0.2%		
Fluticasone1%	Fluticasone 1%		rcin 1%	Baclofen		Baclofen		ride 0.2%		
Fluconazole 2% Pentoxifylline 0.5%	Methylcobalamin 0.07% Coenzyme Q10 4%		20%	Fluticasone		Cyclobenzaprine Lidocaine		dil5% in		
Lidocaine	□ Contact Dermatitis		Peroxide 2.5%	Lidocaine Verapamil	2%	Flurbiprofen				
Hydroxyzine 2%	with pain, add:		ne 1% rate 0.03%		ide 10%	Apomorphine	0.20/	nasteride)		
SIG: Apply 1-2 pumps to affected area 3-4	Lidocaine		Oil 3%	Add:		SIG: Apply 1-2 pump		pply up to 2 mls to		
times daily; 1 pump =	Hydroxyzine 2%  SIG: Apply 1-2 pumps to		oly 1-2 pumps	SIG: Apply 1-2		affected area 3-4 daily; 1 pump =	50	calp 2 times a day		
1.5 gm	affected area 3-4 times		times a day as ructed;		area 3-4 times ump = 1.5 gm	<b>Qty:</b> □ 300 gm	Qty:	☐ 120 ml		
<b>Qty:</b> □ 300 gm	daily; 1 pump = 1.5 gm	1 pı	ump = 1.5 gm	<b>Qty:</b> □ 300 gm □			_			
Refills:	Qty: □ 300 gm □ Refills:	Qty: 120 Refills:	gm	Refills:			Refills:			
METABOLIC SUPPL	LEMENTS		INSOMNI	A	BONE HE	ALTH	DIET SUPPLE	MENT		
⊠ Super-SB: General			☐ KP-1: Ins	omnia	☐ KP-71: B	one Health				
SB-1:	SB-2:	100	Melatonin			n D3 20 mg	☐ ADP-6			
5-MTHF 500 Alpha Lipoic Acid		,	Methylcobalan N-Acetylcysteii			esium Oxide 400 mg luconate 69.6 mg	,	llamin 20 mg		
Coenzyme Q10 10	00 mg Beta Carotene		Glutathione			1 mg		Q10 75 mg 100 mg		
Methylcobalamin	-0	outh twice	Diphenydramii	2		r Gluconate 7.14 mg		100 mg		
Vitamin E 10	ually		5-HTP	150 mg		e25 mg yme Q10 100 mg		50 mg sk 100 mg		
Glutathione10	00 mg Refills: PRN		SIG: Take 1 cap			IF 5 mg		capsule in the		
SIG: Take 1 capsule by mouth daily	twice		Once daily  Qty:   30 caps	at bedtime		apsule by mouth once		ng as directed		
Qty: 60 capsules Refills: _ E	PRN		Refills:			ily or as directed Qty: 30 capsules capsules Refills:				
					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Other										
Prescriber Name: Ch	ristopher Inc	e		NPI #:						
Lic. #:	DEA#:		P	Phone #: Fax#:						
Address:				1055.002						
Signature (Note: Manual	Signature Required for CS):					Date:				

Patient	<del>2 4:18-cr-00368   l</del>	<del>Jocum</del>	#NL 533-16 	<del>o Filea</del> (	on ( <del>) ///22//</del>	Insurar	nce info	oomps		
Chantelle Carter Cell Phone						Carrier:				
Home Phone Address	Cell	Phone			Bin#	Bin# PCN#				
		Stat <b>∉</b> X	Zip 76	5011	Group #					
City Arlington		Stat <b>∉</b> ∆	ZIP / (	0011	Member	ID#				
Allergies NKDA				J	Morkovs	Comm	Vas	No		
Diag.					Workers	Comp	Yes	No		
					DOI		Claim #			
PAIN-TRANSDEI	RMAL Any added controlled	d substances m	ust be handwritten.	SCAR			STRET	CH MARK		
□ NCP-7B:	□ NCP-9:	☐ GPI-2		☐ Scai	•		☐ Stretch	n Marks /		
Neuropathic & Chronic Pain	Neuropathic & Chronic Pain		ral Pain / nmation	Fluticas	one1%	•	Elastic	ity		
Flurbiprofen	Baclofen 2%		fen 20%		irizine2% ylline 0.5%	,		1% ne2%		
Baclofen 2%	Cyclobenzaprine 2%	Cycloben	zaprine 2%		ninful scars, add:	Vitamin C5%		ne 0.5% ase0.2%		
Cyclobenzaprine 2% Gabapentin 6%	Gabapentin 6% Lidocaine 2%		2%		ne 3%					
Lidocaine2.5%	Diclofenac 3%		ly 1-2 pumps to	Gabape	ntin15%			5%		
Add: SIG: Apply 1-2 pumps to	Add: SIG: Apply 1-2 pumps to		cted area 3-4	SIG: Ap	ply 1-2 pumps to af	fected area 3-4 times daily;		0.1% 1-2 pumps to		
affected area 3-4 times	affected area 3-4 times	time	es daily; 1 pump =		oump = 1.5 gm		affecte	ed area 3-4 times		
daily; 1 pump = 1.5 gm <b>Qty:</b> □ 300 gm □	daily; 1 pump = 1.5 gm	1.5 (	gm 00 gm		300 gm □			I pump = 1.5 gm		
Refills:	Qty: □ 300 gm □ Refills:	Refills:		Refills:			Qty: □ 300 gm □ Refills:			
DERMATOLOGIC	CAL/ACNE					SPECIALTY				
☐ DERM-2:	☐ DERM-5: Contact	□ ТХ АС		☐ DERM-7	:	☐ MGL-1A:	□sc	ALP CARE -		
Topical Anti	Dermatitis /	(Topi		Plantar	Fasciitis	Migraine	3 H	air Solution		
Fungal Cream	Eczema		ycin 2% ide 5%		5%	Topiramate Baclofen		sone0.2%		
Fluticasone1% Fluconazole	Fluticasone		cin 1%		2%	Cyclobenzaprine		eride 0.2% dil5%		
Pentoxifylline 0.5%	Coenzyme Q10 4%		20% eroxide 2.5%	Lidocaine2%						
Lidocaine 2% Hydroxyzine 2%	☐ Contact Dermatitis		ne 1%	Verapamil		Flurbiprofen Apomorphine	0.20/			
SIG: Apply 1-2 pumps to	with pain, add: Lidocaine2%		ate 0.03%	Hydrochlo Add:	ide 10%	SIG: Apply 1-2 pum	(14011)	nasteride) apply up to 2 mls to		
affected area 3-4	Hydroxyzine 2%		ly 1-2 pumps	SIG: Apply 1-	2 pumps to	affected area 3-	4 times	calp 2 times a day		
times daily; 1 pump = 1.5 gm	SIG: Apply 1-2 pumps to affected area 3-4 times	3-41	times a day as		area 3-4 times	daily; 1 pump =	: 1.5 gm			
<b>Qty:</b> □ 300 gm	daily; 1 pump = 1.5 gm		ructed; imp = 1.5 gm	daily; 1 pump = 1.5 gm <b>Qty:</b> □ 300 gm □		<b>Qty:</b> □ 300 gm		]		
□ Refills:	<b>Qty:</b> □ 300 gm □	Qty: 120	-	, ,	Refills: Refills:		Refills:			
neillis,	Refills:	Ketilis:				Remis.				
METABOLIC SUPPL	LEMENTS		INSOMNI	A	BONE HE	EALTH	DIET SUPPLE	MENT		
⊠ Super-SB: General			☐ KP-1: Ins	omnia		Bone Health				
<b>SB-1:</b> 5-MTHF500	SB-2: O mcg Resveratrol Powder	100 ma	Melatonin			in D3 20 mg	☐ ADP-6	lands an		
Alpha Lipoic Acid			Methylcobalan N-Acetylcystei			esium Oxide 400 mg Gluconate 69.6 mg		llamin 20 mg Q10 75 mg		
Coenzyme Q10 10 Methylcobalamin	20		Glutathione			1 1 mg	5-HTP	100 mg		
EGCG		outh twice	Diphenydrami 5-HTP	3		er Gluconate 7.14 mg ne25 mg		100 mg 50 mg		
Vitamin E 10	00 mg Oty: 60 cansules				Coen	zyme Q10 100 mg		sk100 mg		
Glutathione			SIG: Take 1 cap once daily	at bedtime		HF 5 mg		capsule in the ng as directed		
daily			Qty: ☐ 30 caps	ules		as directed	<b>Qty:</b> 30 cap	-		
Qty: 60 capsules Refills: _E	PRN		Refills:		Qty: 30 caps	ules Refills:	Refills:			
Other										
Prescriber Name: Chi	ristopher Inc	e		NPI #:						
	DEA#:									
LIC. #.	UEM#:		r	none #:		FdX#:				
Address:				1055 002						
Signature (Note: Manual	Signature Required for CS):		GX1	1055.003		Date:				

Patient Case	<del>: 4:18-cr-00368  </del>	<del>Jocum</del>	ent 533-16	<del>6 Filed</del> C	on 0 <del>7/22/2</del>	<del>3 IN TXSD Pa</del> Insuran	t <del>ge 4 01 /</del> ce info	oomps
Shannon Har	dwick				Carrier:			<u> </u>
Но		Phone			Bin#	Bin# PCN#		
Address								
City Euless		Group #						
Allergies	NT.	Member I	D #					
PC	IN				Workers C	Comp	Yes	No
Diag.					DOI		Cla: #	
					DOI		Claim #	,
PAIN-TRANSDER	PAIN-TRANSDERMAL Any added controlled substances must be handwritten.						STRETO	CH MARK
□ NCP-7B:	□ NCP-9:	☐ GPI-2		☐ Scar			☐ Stretch	Marks /
Neuropathic &	Neuropathic &	Gene	eral Pain /	Fluticaso	one1%	☐ For elasticity, add:	Elastic	ity
Chronic Pain Flurbiprofen20%	Chronic Pain Baclofen2%		mmation		rizine2% ylline 0.5%	Hyaluronic Acid 0.2% Vitamin D3 0.05%		1% ne2%
Baclofen 2%	Cyclobenzaprine 2%		ofen 20% Izaprine 2%		inful scars, add:	Vitamin C 5%	Pentoxifyllir	ie 0.5%
Cyclobenzaprine 2%	Gabapentin 6%		2%		ie 3%	Estradiol 0.1%		se0.2%
Gabapentin 6% Lidocaine 2.5%	Lidocaine 2% Diclofenac 3%	Add:		Gabape	ntin15%			5%
Add:	Add:		oly 1-2 pumps to					0.1%
SIG: Apply 1-2 pumps to	SIG: Apply 1-2 pumps to		cted area 3-4			ected area 3-4 times daily;	SIG: Apply	
affected area 3-4 times	affected area 3-4 times		es daily; 1 pump =		ump = 1.5 gm 300 gm   🗆			d area 3-4 times
daily; 1 pump = 1.5 gm <b>Qty:</b> □ 300 gm □	daily; 1 pump = 1.5 gm <b>Qty:</b> □ 300 gm □	1.5	gm 800 gm 🗆	Refills:	_			pump = 1.5 gm gm □
Refills:	Refills:	Refills:		Reillis: _			Refills:	
DERMATOLOGIC						SPECIALTY		
☐ DERM-2:	☐ DERM-5: Contact		CNE #3B	☐ DERM-7		☐ MGL-1A:		LP CARE -
Topical Anti Fungal Cream	Dermatitis / Eczema	(Topi		Plantar		Migraine		air Solution
-			ycin 2% nide 5%	Diclofenac		Topiramate Baclofen		one
Fluticasone1% Fluconazole	Fluticasone		cin1%	Baclofen Fluticasone		Cyclobenzaprine		ride 0.2% dil 5%
Pentoxifylline 0.5%	Coenzyme Q10 4%	Urea	20%	Lidocaine		Lidocaine		in
Lidocaine 2%	☐ Contact Dermatitis		Peroxide 2.5% ne1%	Verapamil	2,0	Flurbiprofen	10%	omen:
Hydroxyzine2%	with pain, add:		rate 0.03%	Hydrochlor	ide 10%	Apomorphine	0.20/	asteride)
SIG: Apply 1-2 pumps to affected area 3-4	Lidocaine		Oil 3%	Add:		SIG: Apply 1-2 pumps		pply up to 2 mls to
times daily; 1 pump =	SIG: Apply 1-2 pumps to		oly 1-2 pumps	SIG: Apply 1-2		affected area 3-4	50	alp 2 times a day
1.5 gm	affected area 3-4 times		times a day as ructed;		area 3-4 times	daily; 1 pump =	Qty:	] 120 ml
<b>Qty:</b> □ 300 gm	daily; 1 pump = 1.5 gm		ump = 1.5 gm		ump = 1.5 gm	<b>Qty:</b> □ 300 gm		1
	<b>Qty:</b> □ 300 gm □	<b>Qty:</b> 120	-					
Refills:	Refills:	Refills:		Refilis:		Refills:		
METABOLIC SUPPL	EMENTS		INSOMNI	A	BONE HE	ALTH	DIET	
☑ Super-SB: General	Wellness		☐ KP-1: Ins	omnia	□ VD 71. D	one Health	SUPPLE	MENT
SB-1:	SB-2:					one Health	□ ADP-6	
5-MTHF500		100 ma	Melatonin Methylcobalan			n D3 20 mg esium Oxide 400 mg		lamin 20 mg
Alpha Lipoic Acid 250	5 . j.i.dona. 5 . i.ospiiate i	25 mg	N-Acetylcystei			luconate 69.6 mg		210 75 mg
Coenzyme Q10 10	5 Deta caroterie		Glutathione			1 mg		100 mg
Methylcobalamin	· O	outh twice	Diphenydrami	2		r Gluconate 7.14 mg e25 mg		100 mg
Vitamin E 10	ually		5-HTP			yme Q10 100 mg		50 mg sk100 mg
Glutathione	<sup>10 mg</sup> Refills: PRN		SIG: Take 1 cap			F 5 mg		capsule in the
SIG: Take 1 capsule by mouth daily	twice		Qty: 30 caps	at bedtime		psule by mouth once		ng as directed
Qty: 60 capsules Refills: P	RN		Refills:		dully of as directed			
1,7					Qty. 50 capsu	nes nems	items.	
Other								
Prescriber Name:				NPI#:				
Lic. #:	DEA#:		P	hone #:		Fax#:		
Address:				1055 004				
Signature (Note: Manual	Signature Required for CS):			1055.004		Date:		

Patient Case	<del>e 4:18-cr-00368   I</del>	<del>Jocume</del>	nt 533-16	<del>6 Filed</del> c	on 0 <del>7/22/2</del>	<del>S IN TXSD P</del> 3: Insurar	<del>age 5 of 7</del> nce info	oomps	
Geoffrey K	lein	Carrier:	adiiioo						
Home Pho		Phone			Bin# PCN#				
Address		Group #							
<sup>City</sup> Weatherfo	rd	Member I	·						
Allergies Teta	anus Antitoxir	ı		J					
Diag.					Workers C	.omp	Yes	No	
					DOI		Claim #		
PAIN-TRANSDEI	RMAL Any added controlled	l substances mu	st be handwritten.	SCAR			STRET	CH MARK	
□ NCP-7B:	□ NCP-9:	☐ GPI-2:		☐ Scar			☐ Stretch	n Marks /	
Neuropathic & Chronic Pain  Flurbiprofen	Neuropathic & Chronic Pain  Baclofen	Genet Inflam Flurbiprofe Cyclobenz Baclofen Add: SIG: Apply affect times 1.5 gi	ral Pain / nmation en	Fluticaso Levoceti Pentoxif  For pa Prilocair Gabapei  SIG: Ap	nne	☐ For elasticity, add: Hyaluronic Acid	Elastic  Fluticasone Levocetirizi Pentoxifyllir Hyaluronida Vitamin D3 Vitamin C Estradiol SIG: Apply affecte daily; 1		
DERMATOLOGIC	CAL/ACNE					SPECIALTY			
□ DERM-2:    Topical Anti    Fungal Cream  Fluticasone	DERM-5: Contact Dermatitis / Eczema  Fluticasone	Niacinamio Clindamyc Urea Benzoyl Pe Fluticasone Silver Nitra Tea Tree Oi SIG: Apply 3-4 ti instru	rail)  cin	Add: SIG: Apply 1-: affected	Fasciitis	MGL-1A: Migraine Topiramate	3 H	ALP CARE - air Solution sone	
METABOLIC SUPPI	LEMENTS		INSOMNI	A	BONE HE	ALTH	DIET SUPPLE	MENT	
5-MTHF				Methylcobalamin  So mg e			alamin 20 mg Q10		
Other									
				-	1700700	102			
	ristopher Inc			INFI#	17807094				
	DEA#:_BI98053				7-328-10	J⊥U Fax#:			
Address: 1001 1	2TH AVE STE 1	70 FO	RT WORT		S 76104				
			GX′	055.005					

Date: \_

**Signature** (Note: Manual Signature Required for CS): \_\_\_

Patient Case	<del>: 4:18-cr-00368   l</del>	<del>Jocum</del>	ent 533-16	<del>6 Filed</del> c	on 0 <del>7/22/2</del>	<del>3 IN TXSD Pa</del> Insuran	l <del>ge 6 01 /</del> ce info		
Lauren Pace	<b>1</b>	Carrier:							
Home Phone		Phone			Bin# PCN#				
Address					Bin# PCN#				
City Burleson		Group #	1						
		Member I	D #						
Allergies PCN, Ery	ythromycins	100							
Diag.					Workers C	.omp	Yes	No	
					DOI		Claim #		
				)					
PAIN-TRANSDER	Any added controlled	d substances m	ust be handwritten.	SCAR			STRET	CH MARK	
□ NCP-7B:	□ NCP-9:	☐ GPI-2		☐ Scar			☐ Stretch		
Neuropathic & Chronic Pain	Neuropathic & Chronic Pain		eral Pain / mmation		one1% rizine2%	☐ For elasticity, add:	Elastic	•	
Flurbiprofen20%	Baclofen 2%		ofen 20%		ylline 0.5%	Hyaluronic Acid 0.2% Vitamin D3 0.05%	Levocetirizi	1% ne2%	
Baclofen	Cyclobenzaprine 2%	Cycloben	zaprine 2%		inful scars, add:	Vitamin C 5% Estradiol 0.1%	,	ne0.5% ase0.2%	
Cyclobenzaprine 2% Gabapentin 6%	Gabapentin 6% Lidocaine 2%		2%		ntin 15%	Estradioi 0.1%	Vitamin D3		
Lidocaine 2.5%	Diclofenac 3%		oly 1-2 pumps to	Gabape	1011 15%			5% 	
Add: SIG: Apply 1-2 pumps to	SIG: Apply 1-2 pumps to		cted area 3-4			ected area 3-4 times daily;	SIG: Apply		
affected area 3-4 times	affected area 3-4 times		es daily; 1 pump =		ump = 1.5 gm 300 gm   🗆		affected area 3-4 times		
daily; 1 pump = 1.5 gm <b>Qty:</b> □ 300 gm □	daily; 1 pump = 1.5 gm <b>Qty:</b> □ 300 gm □	1.5 g Qty: □ 3	gm 800 gm 🗆	Refills:	_		daily; 1 pump = 1.5 gm <b>Qty:</b> □ 300 gm □		
Refills:	Refills:	Refills:					Refills:		
DERMATOLOGIC	AL/ACNE					SPECIALTY			
□ DERM-2:	☐ DERM-5: Contact		CNE #3B	☐ DERM-7		☐ MGL-1A:		ALP CARE -	
Topical Anti	Dermatitis /	(Topi		□ DERM-/		Migraine		air Solution	
Fungal Cream	Eczema	-	ycin 2%	Diclofenac		Topiramate		sone0.2%	
Fluticasone1%	Fluticasone 1%		rcin 1%	Baclofen		Baclofen	2% Finaste	ride 0.2%	
Fluconazole 2% Pentoxifylline 0.5%	Methylcobalamin 0.07% Coenzyme Q10 4%		20%	Fluticasone Lidocaine		Cyclobenzaprine Lidocaine		dil5% in	
Lidocaine	☐ Contact Dermatitis	,	Peroxide 2.5%	Verapamil	2%	Flurbiprofen			
Hydroxyzine	with pain, add:		ne 1% rate 0.03%	Hydrochlor	ide 10%	Apomorphine	0.2% (No Fir	nasteride)	
SIG: Apply 1-2 pumps to affected area 3-4	Lidocaine		Dil 3%	Add:		SIG: Apply 1-2 pump affected area 3-4	times	pply up to 2 mls to	
times daily; 1 pump =	SIG: Apply 1-2 pumps to		oly 1-2 pumps times a day as	SIG: Apply 1-2 affected	area 3-4 times	daily; 1 pump =	1.5 gm	calp 2 times a day	
1.5 gm <b>Qty:</b> □ 300 gm	affected area 3-4 times daily; 1 pump = 1.5 gm	inst	ructed;	daily; 1 pump = 1.5 gm		<b>Qty:</b> □ 300 gm		] 120 ml	
	<b>Qty:</b> □ 300 gm □	Qty: 120	ump = 1.5 gm gm	<b>Qty:</b> □ 300 gm □			-	·	
Refills:	Refills:	Refills:		Refills:		Refills:	- Iteliiis.		
METABOLIC SUPPL	EMENTS		INSOMNI	Δ	BONE HE	ALTH	DIET		
					JOIL THE		SUPPLE	MENT	
Super-SB: General			☐ KP-1: Ins			one Health			
<b>SB-1:</b> 5-MTHF500	SB-2: mcg Resveratrol Powder	100 ma	Melatonin Methylcobalan			n D3 20 mg esium Oxide 400 mg	☐ ADP-6	Januaria 20 man	
Alpha Lipoic Acid 250	mcg Pyridoxal-5-Phosphate		N-Acetylcystei			luconate 69.6 mg		lamin 20 mg Q10 75 mg	
Coenzyme Q10 10 Methylcobalamin 2	5 Deta caroterie		Glutathione			1 mg r Gluconate 7.14 mg		100 mg	
EGCG5	0 mg daily	outh twice	Diphenydramii 5-HTP	2		e25 mg		100 mg	
Vitamin E 10 Glutathione	o Utv: 00 capsules		SIG: Take 1 cap			yme Q10 100 mg	Psyllium Hu	sk 100 mg	
SIG: Take 1 capsule by mouth	twice Refills: FILIN			at bedtime		F 5 mg		capsule in the ng as directed	
daily	DM		Qty: □ 30 caps		daily or a	daily or as directed Qty: 30		•	
Qty: 60 capsules Refills: P	IXIV		Refills:		Qty: 30 capsu	lles Refills:	Refills:		
Other									
Prescriber Name:Ch	ristopher Inc	е		NPI #:					
Lic. #:	DEA#:		P	hone #:		Fax#:			
Address:				1055.006					
Signature (Note: Manual	Signature Required for CS):			.000.000		Date:			

Patient Case	<del>e 4:18-cr-00368   I</del>	<del>Docume</del>	nt 533-16	<del>6 Filed</del> 0	on 0 <del>7/22/2</del>	<del>3 IN TXSD Pa</del> Insurar	<del>age / 01 /</del> nce info (	oomps
Scott Sneed	i.				Carrier:			
Home Phone		Phone			Bin# PCN#			
Address		Group #						
<sup>City</sup> Dallas		Strate	<sup>Zip</sup> 752	209				
Allergies NKDA					Member I	D #		
Diag.					Workers C	Comp	Yes	No
Diag.					DOI		Claim #	
PAIN-TRANSDEI	RMAL Any added controlled	d substances mus	t be handwritten.	SCAR			STRET	CH MARK
NCP-7B: Neuropathic & Chronic Pain  Flurbiprofen	NCP-9: Neuropathic & Chronic Pain  Baclofen	Inflam Flurbiprofe Cyclobenza Baclofen Add: SIG: Apply affect times 1.5 gn	al Pain / Imation n	Levocet Pentoxif □ <b>For pa</b> Prilocair Gabape <b>SIG:</b> Ap	one	☐ For elasticity, add: Hyaluronic Acid	Levocetirizi Pentoxifyllir Hyaluronida Vitamin D3 Vitamin C Estradiol SIG: Apply affecte daily; 1	
DERMATOLOGIC	CAL/ACNE					SPECIALTY		
DERM-2: Topical Anti Fungal Cream  Fluticasone	□ DERM-5: Contact Dermatitis / Eczema  Fluticasone	Niacinamid Clindamyci Urea Benzoyl Pei Fluticasone Silver Nitrat Tea Tree Oil SIG: Apply 3-4 tir instru	al) in	Add: SIG: Apply 1-: affected	Fasciitis	MGL-1A: Migraine Topiramate	3 H	ALP CARE - air Solution sone
METABOLIC SUPPL			INSOMNI	A	BONE HE	ALTH	DIET SUPPLE	MENT
SB-1:       SB-2:       Melai         5-MTHF				ine125 mg         Zinc Gluconate			ng as directed	
Other								
	ristopher Ince				7807094			
Lic.#:	<sub>DEA#:</sub> _BI98053'	72	P	Phone #: 817	-328-10	10 Fax#:		
	2th Ave Ste 1		rt Wortl	n, Texa	s 76104			
				1055.007				

Date: \_

**Signature** (Note: Manual Signature Required for CS): \_